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See instructions on back of certificate.

TION is very important.

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

07533

1. PLACE OF DEATH County Worcester	Posistation Diet No. 1250
Village or City Staggville	Registration Dist. NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign hirth?
2. FULL NAME Hattie Cannon	
(a) Residence: No. Fruitland, Md. (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) MATTIED	21. DATE OF DEATH July 30, 1934. (Month) (Day) (Yaar)
5a. I married widowad, or divorced Historical Earl Cannon (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 18, 1895. 7. AGE Years Months Days If LESS than 1 day, hrs.	never er elive or 19 , 19 , 19 ; death is seid to have occurred on the date stated above, at 9 A . M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc. 10. Data daceased lest worked at this occupation segath whife occupation occupation 9 yr:	See reverse of this certificate. anomic and amoristed. Some shome disease,
Iz. BIRTHPLACE (city or town) - Waryland (State or country)	
a la	
13. NAME JOSHUA DOWNING 14. BIRTHPLACE (city or town) Virginia (Stete or country)	Name of operation
当 15. MAIDEN NAME Hester Bishop	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hester Bishop 16. BIRTHPLACE (city or town) Maryland (State or country) Eunice Martin	Accident, suicide, or homicide? Data of injury, 19 Where did injury occur? (Specify city or town, county and State)
(Address) Fruitland, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Turneleys Choffel pateling 2, 1934	Mannar of injury
19. UNDERTAKE PARTIES TO THE LAND (Address) Former of the try, with	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 31, 1904 John TV Religions	(Signad) Pocomoke City, Md. M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAU V. S.	I week ago
Chronie interstitial nephritis	1921	Run over by street ear	Tone Warren	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	JEOL V. ZAI	3 days ago
			daniasau	
Other contributory causes of importance:	May 1,1923	Other contributory co	auses of importance:	1 year
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This woman was dead when I was called to see her. From her appearance she was very aenemic and amaciated as though she had been suffering from some chronic disease of long standing.

V. S. No. 1

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	RD. Every	YSICIAN	statement		1
•	r RECOI	Y. PH	Exact		
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.	
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	DN	AGE	tha	ions	
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1. PLACE OF DEATH		82-0	01-4	
County Wordenber		Registr	ration Dist. No. 352	
Village or City Clean Sul	1No		12	Ward
Length of residence in city or town where death occurred	(It death occurred in	a hospital or iostitution, give its low long in U.S. if of foreign his	NAME instead of street and nun rth?mosmos.	nber)
	ordelia Pha		tiiiius,	
(a) Residence: No. Enskield may	53/ Minin St.			
(a) Residence: No. (Usual place		Ward.	resident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFIC		
	D (write the word)	OF DEATH forty	14	934
5a. If merried, widowed, or divorced lace the	Chare	(Monyh)	"(Day)	(Year)
HUSBAND of (or) WIFE of December	22.	HEREBY CER	TIFY, That I ettended dec	eesed from
9 24	101-11	19.24	to //14	, 19.4.4
	1854 I last saw by 5	2 alive on 4	19 74; d	leath Is sald
SO SO Deys		ed on the date stated 4bove, at." AL CAUSE OF DEATH and relate	od seven of important	
	ormin. were as follow	S:		ate of onsat
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		innag	e of	
9. Industry or business in which		runas /		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked et	fr			
Spei	me (years) nt in this			
year) occu	upetion	story Causes of Importance:		
12. BIRTHPLACE (city or town)	T Co.	***************************************		
(State or country)	7			
13. NAME WWY Bys				
13. NAME Wave Byte 14. BIRTHPLACE (city or town). (State or country)	Neme of operation	tion	Date of	
	What test confi	rmed diagnosis?	Was there an euto	psy? 24
15. MAIDEN NAME Mary blas 16. BIRTHPLACE (city or town)		due to external causes (VIOLEN	the state of the s	
16. BIRTHPLACE (city or town) (Stete or country)			Date of Injury	_, 19
0 0	Where did Inju	(Specify	city or towo, county and State)	
7. INFORMANT MAN (Address)	Specify whether	r Injury occurred In INDUSTRY,	, In HOME, or In PUBLIC PLACE	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Inju	ry		
Place Crufully Dear Dete	Neture of Injur	у		
9. UNDERTAKER John A Brud (Address) Confidence		or Injury In any way related to	occupation of deceased?	
10, FILED 7/14 19 34 J-S	monfeet (Signed)	4- min	& Overte	Jr. 0

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example II	Control of
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	10112012
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIA	N
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V. S. No. 1

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1	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
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2 4 4 4	*	lat	W	IO.
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1. PLACE OF		F MAR	YLAND—	CERTIFICATE OF DEATH	535
County W	orcester			Registration Dist. No.	50
Village or City	Pocomoke (No. St., death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long lo U.S. If of foreign birth? yrs. mos	
2. FULL NAMI	E George T.	Collin	S		
(a) Residence:		(Usual place		St., Ward. If nonresident give city or town and S	late
PERSONAL	L AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	White	s. single, mar or divorce Mart	RIED, WIDOWED, D.(write the word) 1 e d	21. DATE OF DEATH July 22. (Month) (Day)	193 4 (Year)
5a. If marriad, widowad, HUSBAND of (or) WIFE of	Bertie Coll	lins		22. I HEREBY CERTIFY. That I attended de	eceased from
	nth, day, and year) Dec			I tast saw him Dead July 23. 19 34;	daath is said
7. AGE Years	Months 7	Days 7	If LESS than t day,hrs.	to heve occurred on tha date stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
SAWYER, BD S Industry or bus work was do SAW MILL, I O Data decessed I this occupati yaar) 12. BRRTHPLACE (city or	done, as SPINNER, OKKEEPER, etc	c Count	me (years) It in this Ipation	Found drowned in Pocomoke River see verdict of cororners justice on back of this certificate Other Cambridge Causes of Importance:	ry
(State or country	rge T.Colli				
13. NAME GOO	ty or town)	vland.		Name of operation Date of What tast confirmed diagnosis? Was there an au	topsy? no
t5. MAIDEN NAME. t6. BIRTHPLACE (ci (State ar co	ty or town) Somers	kman et Cou and	nty	23. If daath was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT MIS (Address) OC 18. BURIAL, CREMATION Place OCOM	Sadie John omoke City, tery oke City 20	Ison Naryla DateJuly		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC Manner of Injury Nature of Injury	E.
19. UNDERTAKEN PO (Addrass) PO 20. FILED July	more City	teve, Maryla	uson	24. Was disease or injury in any way releted to occupation of decaased? In It so, specify Justice of the City Peace acting (Address) Pocomoke City Corors	the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
tones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

that the said George Collins came to his death by drowning, but whether the said drowning was accidental or otherwise, the jury cannot determine from the evidence.

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied. PLAINLY,

B.—WRITE

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V. S. No. 1

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	67)
County Noncester	Registration Dist. No. 353
	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
me all m	ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME //oxy Ellen you	man
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Temale White Marie the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of COX. WHEE OF HUSBAND SAME TO S	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw han alive on One 5 1934: death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
86 50 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Coad ago & neck heart Date of onset
kind of work done, as SPINNER, House wife	anteria-relevous, Duration not
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. Alause work as done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at 172 3 11. Total time (years) lefe	stated C.
work was dona, as SILK MILL, SAW MILL, BANK, atc	7.07.
Consociation (month and 20aut (U fulz W	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) Md.	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Salue Dericken	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
E (Stata or country) Delaware	Whare did Injury occur?
17. INFORMANT. Waa Gray	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Bishops mar	
18. BURIAL, CREMATION, OR' REMOVAL	Manner of Injury
Placa Date , 19	Natura of injury
19. UNDERTAKER Mrs M. Pashe Walton (Address)	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 12, 1934 James of Process	(Signed) R P Callin M. D (Address) Birthfulle md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
*Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/4 1500	11		
Other contributory causes of importance:	19	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	
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JNFADING INK-T	pplied. AGE should	erms, so that it may	instructions on back
H UNFADING INK-T	r supplied. AGE should	ain terms, so that it may	See instructions on back
WITH UNFADING INK-T	fully supplied. AGE should	n plain terms, so that it may	nt. See instructions on back
X, WITH UNFADING INK-T	carefully supplied. AGE should	'H in plain terms, so that it may	ortant. See instructions on back
INLY, WITH UNFADING INK-T	be carefully supplied. AGE should	EATH in plain terms, so that it may	important. See instructions on back
PLAINLY, WITH UNFADING INK-T	ould be carefully supplied. AGE should	F DEATH in plain terms, so that it may	ery important. See instructions on back
TE PLAINLY, WITH UNFADING INK-T	should be carefully supplied. AGE should	E OF DEATH in plain terms, so that it may	is very important. See instructions on back
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	. PLACE OF				Paristation Sid No. 34	-0
1	CountyW	orcester "	ITHIN CORPO	BATE LIMITS OF	Registration Dist, No.	
1	Village or Ci	ty Pocomoke	e City		No. St.	Ward
	Longth of socie	danna la nitu na taum who an	death comment		death occurred in a hospital or institution, give its NAME instead of street and n	
					ds. How long In U.S. if of foreign blrtb?yrsmo	sds.
-	2. FULL NAM	ME Virgini	la Tanka	rd Hitch		
	(a) Residence	ce: No	(Usual plac	o of abode)	St., Ward. If nonresident give city or town and state of the state of	e
	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	otate
3.	SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
F	emale	White		ED (write the word)	Pocomoke City, July 24th. (Month) (Day)	193 4 (Yaar)
ba.	HUSBANO of	or divorced Joshua L.Hi	tah		22. I HEREBY CERTIFY, Thet I attended of	Incoreed from
	(or) WIFE of	Joshua L.n.	roch		July 34. 1934 to July 24.	1934
6.	DATE OF BIRTH	month, day, and year) F	ah 20th	185%	Inlv 24 1934	: death is said
_	AGE Year		Days	If LESS than	to heve occurred on the date stated above, at 6 . 30Pm.	, 400111 75 6414
	81	5	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
,	8. Trade, profes	sion, or particular			were as follows:	Date of onset
2	kind of w SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc.	Housewif	`e	Cerebral Hemorrhage	
Y	9. Industry or b	usiness in which done, as SILK MILL,				
2	SAW MILI	L, BANK, etc.	1 11 7.1.1	Al		
ŏ		ation (month end	sp	time (years) ent in this cupation		
_	year/			supation	Other Cantributory Causes of importance:	
12.	BIRTHPLACE (city (State or coun		irginia.			
¥	1	George Tru:				
끈		9				
Y.	14. BIRTHPLACE (State or	(city or town) East			Name of operation Date of	
2		E Lauretta	Virginia Damall		What test confirmed diagnosis?	
7					23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following:	
S	16. BIRTHPLACE (State ar	(city or town) Bast	rginia		Accident, sulcide, or homicide? Dete of injury	, 19
					Where did Injury occur? (Specify city or town, county and State)
	(Address)PO	s.Marion R	y Maryl	and.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18,	BURIAL, CREMATI	rery	Dete Jul	y26th 19 34	Manner of Injury	
	1	1	7-0-1		Nature of Injury	
19.	UNDERTAKER (Address) DC	comoke Cit	v.larvl	and	24. Was disease or Injury in any way related to occupation of deceased?	
-	0.1	/ /	The T	Role	(Signed) Allaurer	
20.	FILED July	26,1934	1000	Registrar	(Address) Pocomoke City. Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		ECELAED			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		
Total Control of the	May 1,1323	distroction to	1 year		

stated EXACTLY. PHYSICIANS should state

Exact statement

of OCCUPA.

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should be V. S. No. 1

TION is very important. See instructions on back of certificate.

	STATE (OF MARYLAND	CERTIFICATE OF DEATH 07538
	County Worcester		Registration Dist. No.
	Village or City Pocomok	e City way	AND ATTE MONTH OF
		(1	death occurred in a hospital or institution, give its NAME instead of street and number)
			ds. How long lo U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Susan Ani	ne Howard	
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
Fe	sex 4. color or race white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Pocomoke City July 12th. 1934 (Year)
5a.	th the married, widowed, or divorced HUSBAND of Charles E. H. (or) WIFE of Charles E. H.	oward	22. I HEREBY CERTIFY, The 1 attended doceased from
-	AGE Years Months 78 6	Days If LESS than 1 day,	to have occurred on the date state above, 200 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife 11. Total time (years) spent in this occupation	aletono (aidea) 7/11/5 4
12.	BIRTHPLACE (city or town) Worcest (State or country) Ma.1	er County	Other Contributory Causes of importance:
ER	13. NAME Westley Wat	son	plandeles fears.
FATHER	14. BIRTHPLACE (city or town) NORCES (State or country) Mar	ster County	Name of operation
1ER	15. MAIDEN NAME Susan Ta	aylor	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Worce (State or country) Mar	ster County yland	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT Roxie Howard		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMATION OR REMOVAL	May July 14th 19 34	Manner of Injury
19.	. UNDERTAKE COMORE City	Maryland.	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED July 14, 1934 John	n J Pala, Registrar.	(Signed) M. D. (Address) Oceanny M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example H		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	i week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis (1997)	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH: \$2539
1. PLACE OF DEATH	1000
County oncessing	Registration Dish No. 35-2
Village or City Ostan City	No. St. Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of loreign birth?yrsdsds.
2. FULL NAME Katil & Huda	A24
(a) Residence: Noft Philes are	St. Ward.
· (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Hale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193
5a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of Water 6, Hudson	22. WILLEREBY GERTIFY That attended decaased from
6. DATE OF BIRTH (month, day, and year) Feb 26 1890	I last sowhere aliva on Left 69 54 death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, and 4 Am.
44 5 1 day,hrs.	was as falled.
8. Trada, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (mostly and	Date of oncet
9. Industry or businass in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year) occupation	Merch And
Vac lead	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	T WANTED
13. NAME GLORAL MALSEY.	
13. NAME Slove Musey 14. BIRTHPLACE (city or town)	Nama ol operation Date ol
(Stata or country)	Nama of operation
15. MAIDEN NAME Rosene Gray	23. II death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME FLOSE SE STATE 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Watter Hudson	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Blandpulle Date My 2 , 19.14	Natura of injury
19. UNDERTAKER M. Markagle atkon	24. Was disaase or Injury in any way ralated to occupation of occased?
20. FILED. 8/1/ ,1934 IS Musifull	(Signad) M. D. (Addrass) Addrass Color Color
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY, PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

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R E	I DA	AGE	that
Z	OIL		80
ARGIN RESERVED	N. BWRITE PLAINLY, WITH UNFADING INK-THIS	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be
	VITH	ully si	plain plain
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V. S. No. 1	8		
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V. S. No. 1

STATE OI	F MARYLAND-	CERTIFICATE OF DEATH 07540		
1. PLACE OF DEATH		131		
County Worcester		Registration Dist. No. 3.74		
Village or City Stockton		NoSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME Julius]		ds. How long in U.S. if of foreign birth?yrsmosds.		
(a) Residence: No.	(Usual place of abode)	St., Ward.		
PERSONAL AND STATISTIC		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed	21. DATE OF DEATH Stockton July 17th. 193 4		
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Eliza W.Jono	es	22. I HEREBY CERTIFY. That I attended decaased from 1934, to July 16, 1934		
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	ril 6th.1850. Days If LESS than	to have occurred on the data stated abova, at 5. 30 A.m.		
84 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:		
8. Trade, profession, or perlicular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	armer	Chronic Nephritis		
work was done, as SILK MILL, SAW MILL, BANK, atc.		and 6 man		
10. Date dacaased last workad at this occupation (month and year)	11. Totel tima (yaars) spant in this occupation	gurasas neseeuse of glove		
12. BIRTHPLACE (city or town) Worceste (State or country) 12 Paryls	er County	Other Contributory Causes of importance:		
13. NAME Isaac Jones				
14. BIRTHPLACE (city or town) Worce (Stata or country) Mary	ster County land.	Name of operation		
15. MAIDEN NAME Eliza Bonne	eville	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (cily or town) WORCES (State ar country) Maryls	ster County	Accident, suicide, or homicide?		
17. INFORMANT Charles Jones (Addrass) Stockton, Mar	vland.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18 BURIAL CREMATION, OR REMOVAL M. E. Cemetery Placa Stockton, Md.	Date July 19ths 34	Manner of injury		
19 UNDERTAKE VENUER P.	Stevenson	24. Was disease or injury in any way related to occupation of deceased?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Layles Registrar.

If so, specify _4

(Signed)

(Addrass) Pocomoke City, Maryland

20. FILED July 18 , 1934

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

T	0	he	complete.	an	occupation	return	must	state.

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Mones	May 1,1923	Gostroenteritis	1 yeor

OCCUPAplnods S PHYSICIAN RECORD. 3. SEX PERMANENT CTL BINDING 回 certificate. properly 7. AGE FOR stated ARGIN RESERVED OCCUPATION jo back may plnods no instructions supplied. terms. FATHER in plain be carefully MOTHER important. DEATH plnods OF -WRITE mation

1. PLACE OF DEATH Registration Dist. No. 352 (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?_____yrs. Length of residence in city or town where death occurred If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5e. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of, to....., 19....., 19..... 6. DATE OF BIRTH (month, day, end year) if LESS then to heve occurred on the dete steted ebove, et. Months Years The PRINCIPAL CAUSE OF DEATH and releted causes of importence or____min. were es follows: Date of onset 81 Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc ... 11. Totel time (yeers) 10. Deta deceased lest worked et spent in this this occupetion (month and occupetion _____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME LACE (city or town) (State or country) 15. MAIDEN NAME 23, if deeth was due to external causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town (State or country (Specify city or wwn, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR Menner of injury CAUSE Neture of injury TION 24. Wes disease or injury in eny wey releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify egistrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 8.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	yo,1027	Peritonitis	3 days ago
silia 18 mo	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	y 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

1)	infor-
1)	Jo
	item
	Every
>	RECORD.
AARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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STATE	OF	MARYLAN	D_CEDT	IEICATE	OF	DEATL
SIAIL	OL	MARILAN	D-CERI	IFICATE	Ur	DEATE

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1. PLACE OF DEATH	119 6
County Worcester	Registration Dist. No. 314
Village of City Wellousse	No. St Ward
(If Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Estelle Marsh	ds. now long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Strektow, Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fernale Colored Single, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacessed from 1934, to July 30 1934
6. DATE OF BIRTH (month, day, and year) Mely 5, 1934	Plast saw her aliva on July 30 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at. 12-9-m.
4 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Enterocolities 3 meetes
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Color States of Importance.
(State or country) prunyland	***************************************
13. NAME CIPLES Marshall	
(State or country)	Nama of operation Date of
15. MAIDEN NAME Lucindal Confin	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
(State or country) Vigura	Whare did Injury occur?
17. INFORMANT agels Marshall	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ild St. Turk Constitute and 1,1934	Nature of Injury
19. UNDERTAKER CAUSANDER Printy	24. Was disease or injury in any way related to occupation of decaasad?
(Address) Stuckety Mrd.	If so, specify for the sound of
20. FILED July 31, 1934 Many M Tayl.	(Signad) M.D. (Affdress) Comparation M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Wheester	Registration Dist. No. 354
Village or City blocker ml R. F. J. Length of residence in city or town where death occurred yrs mos	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Idelle marshall (a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Female Colord OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \www.5 1934	I last sew h alive on, 19, 19, 19, 19, 19, 19, 19, 19, 19
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as tollows: Date of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occased in the deceased in the companion (Diarrhora
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) And Albert Mulbert (State or country)	Other Contributory Causes of importence;
13. NAME O gress marshall	
13. NAME Ogus, Marshall 14. BIRTHPLACE (cry or town). Pilehardulle, (State or country)	Name of operation Dete of
15. MAIDEN NAME Lucinda Cochin	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Liveride Corbin 16. BIRTHPLACE (city or town) Williams	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) wa 17. INFORMANT Ogras marshall (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ille At. Part Protection July 14, 19.34	Manner of injury
19. UNDERTAKER Combool Rowly (Addiess)	24. Was disease or injury in any way related to occupation of deceased? If so, specify — Land — NW — Blansicau
20. FILED July 13, 1934 mm Tayler	(Signed) Mary M. Taylor III. U.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

IARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	44
County Worcester		Registration Dist. No. 314	
Village or City Near Will	surne mil	No. St., f death occurred in a hospital or institution, give its NAME instead of street and num	War
Length of residence in city or town where deeth of	occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmos	ber)
2. FULL NAME Wardel	marshall		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and Stat	е
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	94
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day) 22. I HEREBY CERTIFY, That I attended dece	(Year) eased fro
6. DATE OF BIRTH (month, dey, and year)	· J 1934		eath is sai
7. AGE Years Months	Days if LESS than I day,hrs. ormin.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	ate of onse
8. Trade, profession, or particular/ kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at		Diarrhea.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Year (State or country)	I elbourne mil	Other Coutributory Causes of importance:	
I 13. NAME O rans ma	raholl		
13. NAME (Gity or town) Deleter (State or country)	ivelsible	Name of operation Date of What test confirmed diagnosis? Was there an eulop	
15. MAIDEN NAME Lucude	Corlin	23. if death was due to external causes (VIOL ENCE) fill in elso the following:	Sy (
15. MAIDEN NAME Lieuwder Corlein 16. BIRTHPLACE (city or town) With ans (State or country) Ju 17. INFORMANT Quest marshall (Address)		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place OLA LA JAM'S CENTURY Date	. July 18, 1934	Manner of Injury	
19. UNDERTAKER Grybose Dan (Addiess) Hockfun 8	nd	24. Was disease or injury in eny way related to occupation of decessed? If so, specify Dad Da Shy receive	<u>ب</u>
20. FILED JAMY 17, 1934 (m	any m Taylar Registar	(Signed) many m tank	Reser

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ogo
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-2
County Worces les	Registration Dist. No. 332
Village or City Deean City.	NoSt.,Ward
(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margreat Black by	Mc Clay of
121.10 2.1	on rife was.
(a) Residence: No. / Valet (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Frank Me Cloud.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Man 24, 1862	lest saw h alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
72 2 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Route Mureu state
9. Industry or business in which work was done, as SILK MILL,	- Carrier - Carr
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and spent in this	V
year) occupation occupation	Other Coatributory Course of Importance
12. BIRTHPLACE (city or town) (State or country)	of our newry Galacer and
	Affirmum Valter Helevin
13. NAME Thomas W. Black burn. 14. BIRTHPLACE (city or town) England.	Name of operation
(State or country)	What test confirmed diagnosis? Westhera an autopsy?
15. MAIDEN NAME unknown	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) England.	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did Injury occur?
17. INFORMANT Mr. Florias Bladeburn Mc Cloud (Address) Floria delebia Ga.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fragley leweling Date July 30, 19.3. 4	Nature of injury
19. UNDERTAKER & W. Bush of Many (Address)	24. Was disaase or injury in any wey related to occupetion of deceased?
20. FILED 7 127, 1934 S. M. Winfred Receptives.	(Signad) / lally Lowers M.D. (Addrass) Derly M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requestion 7) S No -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di la	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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Q	em of	pluods	f occ
1	, it	00	0
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
	RD	LYS	st
	RECO	7. PH	Exact
5	LZ	LY	÷
	NE	CI	ifie
1	MA	K Y	lass
70	ER	E	yc
4	AF	ed	perl
4	IS	stat	pro
CANCILL NESERVED FOR BINDING	SIH	pe	pe
T	T	plu	lay
SEL	NK	sho	it m
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	LIM	full	ld u
	Y,	care	H.
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	[FA]	plu	DI
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	B.	_	

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1754C
1. PLACE OF DEATH	(2-0)
County Wazerster	Registration Dist. No. 35-2
Village or City Decare City	No. St., Ward
Length of residence in city or town where death occurredmos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Elizabeth M	elvis
(a) Residence: No. Ocean Cata	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If marriad, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Lewell Melvin	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Meh	Flast aaw h Sy alive on Jester 16 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, atm.
74 4 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Data of one at
SAWYER, BOOKKEEPER, etc.	(Errhal Hunskale 2day
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc. for auser hely	
10. Date deceased last worked at this occupation (month and year)	
year) occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Mag	Sund artero selevori muty
(Stata or country)	4
13. NAME way Isradful	
14. BIRTHPLACE (city or town) AM or clater Co	Name of operation
(State or country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME / Mary Jaylor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did Injury occur?
17. INFORMANT Paul Mannay	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMANTION, OR REMOVAL	Manage of L. Co.
Place Linea side Date July 20, 1934	Natura of Injury
19. UNOERTAKER W. Bulktalg. (Address) Bulktalg.	24. Was disaasa or injury In any way related to occupation of decaased?
20. FILED 7/19", 1934 I S. M. umford.	(Signad) Mally Thomas M. O. (Addrass) Declar Med.
If we have a little comment	N. C. J. C. D. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	N III	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2	infor-
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	item
	Every
	RECORD.
BINDING	PERMANENT
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F(IS
SERVED	INK-THIS
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	7
	PLAINLY,
S. No. 1	B.—WRITE
. Y	ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	212 F
County Wordsley	Registration Dist. No. 3 0 /
Village or City Serving VIII	NoSt., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
2. FULL NAME Barbara See	Cuce
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-3EX 4. COLOR OR RADO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
	7/1/2,123.4, to 7/1/7/3, 4
6. DATE OF BIRTH (month, day, and year) 1934. 9,23	I last saw harmanive on
7. AGE Yeers Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, et
8 Trade profession or particular	Date of one ot
SAWYER, BOOKKEEPER, etc.	Pall from Bry
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupation (month and	Panalinge / 2/10/5
SAW MILL, BANK, etc	1 600000
O 10. Dete decessed last worked at this occupation (month and spent in this spent in t	(Sel reverse prod)
12. BIRTHPLACE (city or town) Worcester 60	Other Cantributary Causes of Importence:
(Stete or country)	Munum Pink
13. NAME Paul Johnson	
13. NAME (au) Thrown 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(Stete or country)	Whet test confirmed diagnosis? Collineal Was there en eutopsy?
E 15. MAIDEN NAME Jaa Viil	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide? Dete of Injury 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT. Joa Puel (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Heetles Chapeloate 7/18, 1934	Nature of injury
19. UNDERTAKER William Presitt. (Address) Superfield md 620	24. Wes disease or injury in any way spleted to occupation of deceased?
20. FILED 7/18, 1934 RERay Servith.	If so, specify (Signed) M.D.
Registrar.	(Address) A Challe South B C C N
1, more vianas are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of poset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago 11115 - AU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

was not a allocane Statements by thesican
time of death shoundly brother sushing - taky
home of cannot street a let in hould
boy fell out & scened drown of the fall.
Died in slep in early A. M. (no sport play

V. S. No. 1

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STATE OF MARYLAND— 1. PLACE OF DEATH Village or City Spann Will ma.	CERTIFICATE OF DEATH Registration Dist. No. 35/ No. St., Ward
Length of residence In city or town where death occurred 65 yrs mos 2. FULL NAME William a Pour	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Calered 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed, OR DIVORCED (write tha word)	21. DATE OF DEATH LOSS 12 193 4 (Month) (Day) (Year)
HUSBAND of (or) WIFE of many Sane Purnell 6. DATE OF BIRTH (month, day, and year) April 9 1869	22. I HEREBY CERTIFY. That I attended decaased from 1934 to Judy 12, 1934 last saw h. Man aliva on Judy 12, 1974; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 930 Am
65- 3 G 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Julier Bulous Peritoniti Date of once t
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Swary fill, Wall (State or country)	Other Contributory Causes of Importance:
13. NAME Wesley Purmell	
13. NAME Wesley Furnell 14. BIRTHPLACE (city or town) S vew Will ynd (State or country)	N
(State or country)	Name of operation
15. MAIDEN NAME ONCE 16. BIRTHPLACE (city or town) S Now fill, mg (State or country)	What test confirmed diagnosis? Was there an autopsy? 22 23. If death was due to axternat causes (VIDLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury 19
17. INFORMANT Clarence C. Purnell (Address) Syaw Hill ma.	Where did injury occurred (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury.
Place Elenerar Cera Date July 14, 1934	Nature of injury.
19. UNDERTAKER has af wright my. (Addrass) Snaw Hall my.	24. Was disease or injury in any way related to occupation of dacaesed?
20. FILED 7/14, 1934 REROY Secret	(Signad) Selucie V. Meade M. D.

If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis La	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
BUREAU V. S.		See and Mark at the second		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- Alleren	

(ARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

07549

	1. PLACE O	F DEA	тн			(82-a)	_
	CountyV	lorce	ester			Registration Dist. No.	\bigcirc
	Village or C	ity Poo	comoke C	ity	(ii	No. R.F.D. # 2. St., If death occurred in a hospital or institution, give its NAME instead of street and number	Ward (
	Length of resi	dence in ci	ty or town where d	eath occurrad	yrs,mos	osds. How long lo U.S. if of foralgn birth?yrsyrsmos	ds.
	2. FULL NA	ME	Alice Co	ra Puse	Э.У		
	(a) Residen	ce: No				St., Ward.	
-	PERCON	IAI AN	D CTATICTI	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	5
-	SEX		R OR RACE	1	RIED. WIDOWED.	21. DATE OF DEATH	
1	emale		nite		D (write the word)	July 26th. 191	(Yoar)
5a	. If marriad, widow HUSBAND of (or) WIFE of		ly C.Pus	зеу		22. JULY 25 1034 to July 26	ased from
	DATE OF BIRTH						ath is said
7.	AGE Year 76	rs	Months 6	Days 25	If LESS than 1 day,hrs. ormin.	THE I RINGIAN CAUSE OF DEATH and lateral causes of importance	te of onset
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife					CEREGRAP hENIOPPHAGE 7/2	25/34
OCCUPATION	9. ledustry or work was SAW MIL	businass in s done, as S					
000	210 0004	ad last wor pation (mo	nth and	spa	ime (yaars) nt in this upation		
12	BIRTHPLACE (ci				nty	Other Contributory Causes of Importance:	
~	(State or cour		m Maddo	yland.		DENICITY	
FATHER	13. NAIVE II L		Words	ester Co	ounty		
FA	14. BIRTHPLACE (Stete or	(city or to country)		aryland		Name of oparation Date of What tast confirmed diagnosis? Was there an autop	
MOTHER	15. MAIDEN NA	- 2	arah War			23. If death was due to axternal ceusas (VIOL ENCE) fill in also the following:	syr
MOT	16. BIRTHPLACE (State or	(city or to country)	wn) Bal	Ltimore Marylar	ad.	Accident, suicide, or homicida? Date of Injury Whare did injury occur?	, 19
17	. INFORMANT M: (Address) P		ora Dens		and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL CREMAT	ION OR F	REMOVAL		28th., 19.34	Mannar of Injury	
19	. UNDERTAKER	en	ouls	teve	usor	24. Was disease or injury in any was ralated to occupation of daceasad?	0
20	(Address)F(27,		Maryla T.	Rice	(Signed) (Signed)	/M. D.
1			13		Regidrar.	(Address) POLO Leafer City The	.4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related cause of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 11	3 days ago
		ECEIVED	18
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 starm
	274.09.24.20.00	4.001.001.000	1 year

BINDING FOR ARGIN RESERVED

of infor plnods Jo PHYSICIANS statement RECORD. PERMANENT V × 鱼 certificate. properly stated THIS Jo may back plnous no that instructions supplied See plain should be carefully very important. ii. DEATH OF AUSE mation MOIL

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?____ Length of residence in city or town (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DEATH 3, SEX 21. DATE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Dey) (Year) 5e. If married, widowed, or divorced HUSBAND of 22. EREBY ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to heve occurred on the date stated above, at . A. 1 day, ---- hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: Date of enset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. OCCUPAT 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc 11. Total time (gears) 10. Date deceesed last worked #1 this occupation (month e spent in this occupation ___ Other Contributory Causes of Importence 12. BIRTHPLACE (city or town) (State or country FATHER I3. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury Nature of Injury 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. (Address) egistrar. If whore blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	·	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07552
1. PLACE OF DEATH	
County Werester	Registration Dist. No. 355
Village or City Bullin R. H. D.	NoSt.,Ward
(A	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrs,mos.	7
2. FULL NAME PULL U. WUV	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word) So, If merried, widowed, or divorced OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Mary Wibb	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) (1419, 12, 1865 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME That I Bradfard 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME That 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?	
(Address) 18. BURIAL, CREMATION, OR REMOVAL Piece Andre Date aug. 2, 1934	Manner of Injury
19. UNDERTAKER J. W. Burbage (Address) Bullin Gud	24. Was disease or injury in any way releted to occupation of deceased? If so, specify
20. FILED 8-2 , 1994 Thelen F Name Registrar.	(Address)
15 more blanks are needed, address State Kjegistrar,	2411 IV. Charles Street, Dallimore, Requesting -U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street ear	1 week ago
Cerebral hemarrhage	July 5,1927	Peritanitis	3 days aga
MARKET V. 9	1 Common		
Other contributory causes of importance:	- 17-11	Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Norcester	Registration Diet No. 357
Village or City Neswara Vvd	
	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Bette Connie Gold	s
(a) Residence: No.	St., Ward,
(Usual place of abode)	Uf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
female calered OR DIVORCED (wrig the word)	July 28 , 193 34 (Month) (Day) (Year)
5s. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) mile of	July 21 , 1924, to July 28 , 1924
6. DATE OF BIRTH (month, day, and year) Feb 12 1934	Hast saw h 4 alive on July 27 ,19 7; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 1030 m.
0 9 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	marasmus: apie
< Alndustry or husiness in which	Enterities Duration: not stated.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cut R
11. Total time (yeers) this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Vernas R. Vid. (State or country)	Other Caatributory Causes of importance:
E CONTRACTOR STATE OF THE STATE	
(State or country)	Name of operation Date of The
# 15. MAIDEN NAME A PLANTAGE AND	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Wholey 16. BIRTHPLACE (city or town) vernal and	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town county and State)
17. INFORMANT Jawara Jetansan	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place newarla ma Date July 29, 19 J.4	Nature of Injury
19. UNDERTAKER Class Of Pursoll (Address) Sveya Lelo ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 7/29, 19 34 DE Coy Suuth Registrar.	(Signed) Sever V. Meads M.D. (Address) Suow Bus
If more blanks are heeded, address State Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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No consideration that the same		e).		
Other contributory causes of importance:		Other contributory causes of importance:		
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Dr. Massey 8-27.34	7		
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